

THE FORM CERTIFICATE TO BE PRODUCED BY PHYSICALLY HANDICAPPED CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.

This is certified that Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ age _____ sex _____ identification mark(s) _____ is suffering from permanent disability of following category:

A. Locomotor or Cerebral Palsy:

- (i) BL – Both legs affected but not arms
- (ii) BA – Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA – Both legs and both arms affected
- (iv) OL – One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA – One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH – Stiff back and hips (cannot sit or stoop)
- (vii) MW – Muscular weakness and limited physical endurance

B. Blindness or Low Vision:

- (i) B – Blind

(ii) PB – Partially blind

C. Hearing impairment:

(i) D – Deaf

(ii) PD – Partially deaf

(Delete the category whichever is not applicable)

This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.

Percentage of disability in his/her case is _____ percent.

Shri/Smt./Kum. _____ meets the following physical requirements for discharge of his/her duties:

- | | |
|--|--------|
| (i) F–Can perform work by manipulating with fingers. | Yes/No |
| (ii) PP–Can perform work by pulling and pushing. | Yes/No |
| (iii) L–Can perform work by lifting. | Yes/No |
| (iv) KC–Can perform work by kneeling and crouching. | Yes/No |
| (v) B–Can perform work by bending. | Yes/No |
| (vi) S–Can perform work by Siting. | Yes/No |
| (vii) ST–Can perform work by standing. | Yes/No |
| (viii) W–Can perform work by walking. | Yes/No |
| (ix) SE–Can perform work by seeing. | Yes/No |
| (x) H–Can perform work by hearing/speaking. | Yes/No |
| (xi) RW–Can perform work by reading and writing. | Yes/No |

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

Countersigned by the Medical
Superintendent/CMO/Head of Hospital
(With seal)

* Strike out whichever is not applicable.